

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishm Sch	ient Name	lone	Surice (truck # 5/2359)	Telephone Number	Date of Ir (mm/dd/y		PERMIT #	
Establishm	ent Addre	ss (nun	nber and street, city, state, zip code)		7/16/	2019	19-268	
4115 G	المانحم	ก	when Allina he 4715	507 537 8848	' '			
Owner		· <u>/</u>	Mr Alberg. IN 47150	Purpose:	Follow-t	m Relea	se Date	
Schward Home Serice. Inc.				(I. Routine	rollon up			
Owner's Address				2. Follow-up	Summary of Violations:			
,				_	Junitary of Violations,			
Person in Charge				3. Complaint				
	Let		,,	4. Pre-Operational	C NC R			
Responsible	e Person's	E-mai	<u> </u>	5. Temporary	Menu Type (See back of page)			
		23 111,121		6. НАССР	richa Type (see each of page)			
Certified F	and Mana			7. Other (list)	1			
Ceruneu r	OOG MAIN	ger			12	43	_45	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"								
Section#					To Be Corrected By			
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